


Food Establishment Inspection Report

	Facility Type:	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp
	<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat

PURPOSE: Routine Reinspection Construction Complaint Consultation Change of Ownership Epidemiology Temporary Event Other Grade: _____

Name of Establishment: <u>Ormond Beach Middle School</u>		RESULTS: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: <input type="checkbox"/> Next Routine Inspection <input type="checkbox"/> 8 A.M. on _____ (Date) <input type="checkbox"/> Stop Sale Issued	
Address: <u>151 Domicilio Avenue</u> City: <u>Ormond Beach</u>			Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) <u>0</u> Number of Repeat Violations (1-57 R) <u>0</u>	
ZIP Code: <u>32179</u>	Name of Person in Charge: <u>Pat Curtin</u>			
Telephone: <u>386-676-1250</u>	Person in Charge Email: <u>pmcurtin@volusia.k12.fl.us</u>			
Date (MM/DD/YY): <u>1/23/19</u>	Begin Time AM/PM: <u>12pm</u>	End Time AM/PM: _____	Permit Number: <u>60448-02603</u>	Position Number: <u>61037</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status: Mark an "X" under the compliance status; IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility. Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection

Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision							
1	<input checked="" type="checkbox"/>						
Demonstration of Knowledge/Training							
2	<input checked="" type="checkbox"/>						
Certified Manager/Person in Charge present							
Employee Health							
3	<input checked="" type="checkbox"/>						
Knowledge, responsibilities and reporting							
4	<input checked="" type="checkbox"/>						
Proper use of restriction and exclusion							
5	<input checked="" type="checkbox"/>						
Responding to vomiting & diarrheal events							
Good Hygienic Practices							
6	<input checked="" type="checkbox"/>						
Proper eating, tasting, drinking, or tobacco use							
7	<input checked="" type="checkbox"/>						
No discharge from eyes, nose, and mouth							
Preventing Contamination by Hands							
8	<input checked="" type="checkbox"/>						
Hands clean & properly washed							
9	<input checked="" type="checkbox"/>						
No bare hand contact with RTE food							
10	<input checked="" type="checkbox"/>						
Handwashing sinks, accessible & supplies							
Approved Source							
11	<input checked="" type="checkbox"/>						
Food obtained from approved source							
12	<input checked="" type="checkbox"/>						
Food received at proper temperature							
13	<input checked="" type="checkbox"/>						
Food in good condition, safe, & unadulterated							
14	<input checked="" type="checkbox"/>						
Shellstock tags & parasite destruction							

Compliance Status		IN	OUT	N/A	N/O	COS	R
Protection from Contamination							
15	<input checked="" type="checkbox"/>						
Food separated & protected; single service gloves							
16	<input checked="" type="checkbox"/>						
Food-contact surfaces; cleaned & sanitized							
17	<input checked="" type="checkbox"/>						
Proper disposal of unsafe food							
Time/Temperature Control for Safety							
18	<input checked="" type="checkbox"/>						
Cooking time & temperatures							
19	<input checked="" type="checkbox"/>						
Reheating procedures for hot holding							
20	<input checked="" type="checkbox"/>						
Cooling time and temperature							
21	<input checked="" type="checkbox"/>						
Hot holding temperatures							
22	<input checked="" type="checkbox"/>						
Cold holding temperatures							
23	<input checked="" type="checkbox"/>						
Date marking and disposition							
24	<input checked="" type="checkbox"/>						
Time as PHC; procedures & records							
Consumer Advisory							
25	<input checked="" type="checkbox"/>						
Advisory for raw/undercooked food							
Highly Susceptible Populations							
26	<input checked="" type="checkbox"/>						
Pasteurized foods used; No prohibited foods							
Additives and Toxic Substances							
27	<input checked="" type="checkbox"/>						
Food additives: approved & properly used							
28	<input checked="" type="checkbox"/>						
Toxic substances identified, stored, & used							
Approved Procedures							
29	<input checked="" type="checkbox"/>						
Variance/specialized process/HACCP							

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	<input checked="" type="checkbox"/>						
Pasteurized eggs used where required							
31	<input checked="" type="checkbox"/>						
Water & ice from approved source							
32	<input checked="" type="checkbox"/>						
Variance obtained for special processing							
Food Temperature Control							
33	<input checked="" type="checkbox"/>						
Proper cooling methods; adequate equipment							
34	<input checked="" type="checkbox"/>						
Plant food properly cooked for hot holding							
35	<input checked="" type="checkbox"/>						
Approved thawing methods							
36	<input checked="" type="checkbox"/>						
Thermometers provided & accurate							
Food Identification							
37	<input checked="" type="checkbox"/>						
Food properly labeled; original container							
Prevention of Food Contamination							
38	<input checked="" type="checkbox"/>						
Insects, rodents, & animals not present							
39	<input checked="" type="checkbox"/>						
No Contamination (preparation, storage, display)							
40	<input checked="" type="checkbox"/>						
Personal cleanliness							
41	<input checked="" type="checkbox"/>						
Wiping cloths: properly used & stored							
42	<input checked="" type="checkbox"/>						
Washing fruits & vegetables							

Compliance Status		IN	OUT	N/A	N/O	COS	R
Proper Use of Utensils							
43	<input checked="" type="checkbox"/>						
Utensils: properly stored							
44	<input checked="" type="checkbox"/>						
Equipment & linens: stored, dried, & handled							
45	<input checked="" type="checkbox"/>						
Single-use/single-service articles: stored & used							
46	<input checked="" type="checkbox"/>						
Slash Resistant / cloth gloves used properly							
Utensils, Equipment and Vending							
47	<input checked="" type="checkbox"/>						
Food & non-food contact surfaces							
48	<input checked="" type="checkbox"/>						
Warewashing: installed, maintained, used; test strips							
49	<input checked="" type="checkbox"/>						
Non-food contact surfaces clean							
Physical Facilities							
50	<input checked="" type="checkbox"/>						
Hot & cold water available; under pressure							
51	<input checked="" type="checkbox"/>						
Plumbing installed; proper backflow devices							
52	<input checked="" type="checkbox"/>						
Sewage & waste water properly disposed							
53	<input checked="" type="checkbox"/>						
Toilet facilities: supplied & cleaned							
54	<input checked="" type="checkbox"/>						
Garbage & refuse disposal							
55	<input checked="" type="checkbox"/>						
Facilities: installed, maintained, & clean							
56	<input checked="" type="checkbox"/>						
Ventilation & lighting							
57	<input checked="" type="checkbox"/>						
Permit, Fees; Application; Plans							

Person in Charge (Print & Signature) <u>PAT CURTIN</u>	Date: <u>1/23/19</u>
Inspector (Print & Signature) <u>Christina Quian</u>	Phone: <u>386-214-0702</u>

